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APPLICATION NO.	ON NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO. CONFIRM		CONFIRMATION NO.
10/534,077 05/06/2005			Willem Gerard Opbey		NL 021136 2787		2787
TITLE OF INVENTION: ZOOM LENS							
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0		\$1700	12/11/2006
EXAMINER		ART UNIT	CLASS-SUBCLASS				
HASAN, MOHAMMED A 2873			359-676000	9-676000			
Change of corresponder CFR 1.363).	ence address or indicatio	2. For printing on the patent front page, list Michael E. Belk					
Change of correspo	ondence address (or Cha 3/122) attached.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,					
		(2) the name of a single firm (having as a member a					
PTO/SB/47; Rev 03-0 Number is required.	ication (or "Fee Address 2 or more recent) attach	registered attorney of agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
KONINKLIJKE I	PHILIPS ELECTRO	EINDHOVEN, THE NETHERLANDS					
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔘 Individual 🖾 Corporation or other private group entity 🔘 Government							
4a. The following fee(s) a	are submitted:	tb. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)					
Sissue Fee ☑ Publication Fee (No small entity discount permitted)			☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies			The Director is bereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 14-1270 (enclose an extra copy of this form).				
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.							
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Authorized Signature	/Michael E. E	elk/		DateDec	embe	r 11, 2006	
Typed or printed name	Michael E. Be	elk		Registration ?	No33	,357	
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